

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morfitt

Secretary of State

OFFICE OF CORPORATIONS

DOCUMENT # 454061

(3)

1. Corporation Name

HAVEN LAKE ESTATES, INC.



Principal Place of Business

44801 S.W. 35 ST.
MIAMI FL 33025

Mailing Address

2201 W. SAMPLE RD.
BLDG 8 SUITE 1A
POMPANO BEACH FL 33073
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 1761 N. Hillshore Blvd., #401
23 City & State
Dreastfield Beach, FL
24 Zip
33442
25 Country
USA
26 Suite, Apt. #, etc.
27 1761 N. Hillshore Blvd., #401
28 City & State
Dreastfield Beach, FL
29 Zip
33442
30 Country
USA

9. Name and Address of Current Registered Agent

GLASER, ALLAN M.
11900 BISCAYNE BLVD. #807
MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/30/1974

3a. Date of Last Report

04/04/1995

4. FID Number

59-1828454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person making this statement is acceptable.

Typed Name of Agent or Registered Agent

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PDST
CASTELLANO, MAURICE

NAME

STREET ADDRESS

CITY, ST, ZIP

2201 W. SAMPLE RD BLDG 9 #31A
POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

1761 N. Hillshore Blvd, #401
Dreastfield Beach, FL 33442

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE CASTELLANO

4-2-96

Daytime Phone

CR2E034 (12/95)